111 2 1 2006 8	orm should be used for transcrespondence including the below or directed otherwise ons.	vith applicable		Mail Stop ISSUI Commissioner for P.O. Box 1450	rinia 22313_1/50	should be completed with correspondence addressparate "FEE ADDRESS"
CONLINICORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal. The papers. Each addition	f mailing can only be used in this certificate cannot be used all paper, such as an assignm the of mailing or transmission.	for domestic mailings of for any other accompany
OSHA LIANG L 1221 MCKINNEY SUITE 2800 HOUSTON, TX 7'	Y STREET			C	rtificate of Mailing or Tran his Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO (571) 273-2885, on the	
15/2006 DEMMANU2 000001	38 10526005					(Depositor's nat
C:1501	1400.00 OP					(Signate
C:1504 C:8001	300.00 OP 12.00 OP					(Da
APPLICATION NO.	FILING DATE	F	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/526,005	09/14/2005	<u> </u>	Desiring Chin		17170/007001	2827
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FE \$1400	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 07/21/2006
L	NO				<u> </u>	
nonprovisional EXAM	NO	\$1400		\$300	<u> </u>	
nonprovisional EXAM LEYKI	NO MINER	\$1400 ART UNIT 2837	T C	\$300 LASS-SUBCLASS 318-108000 the patent front page, li	\$1700]	07/21/2006
nonprovisional EXAM LEYKI 1. Change of correspondence CFR 1.363).	NO MINER N, RITA e address or indication of "Fe	\$1400 ART UNIT 2837 ee Address" (37	T C 2. For printing on (1) the names of or agents OR, alte	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater ematively,	\$1700 st nt attorneys ¹ Osha L	
I. Change of correspondence CFR 1.363). Change of correspondence CFR 1.763 Change of correspond Address form PTO/SB/12 "Fee Address" indicate	NO MINER N, RITA	\$1400 ART UNIT 2837 De Address" (37 Correspondence tion form	T C: 2. For printing on (1) the names of or agents OR, alte (2) the name of a	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater	\$1700	07/21/2006
nonprovisional EXAM LEYKIN 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	NO MINER N, RITA e address or indication of "Fedence address (or Change of 022) attached. tion (or "Fee Address" Indication (or "Fee Address" Indication more recent) attached. Use	\$1400 ART UNIT 2837 Dee Address" (37 Correspondence tion form of a Customer E PRINTED ON THE	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne; 2 registered patent listed, no name with the PATENT (print of the part of the par	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater matively, single firm (having as a y or agent) and the name t attorneys or agents. If sill be printed.	\$1700 st nt attorneys 1 Osha L n member a les of up to no name is 3	07/21/2006 iang LLP
nonprovisional EXAM LEYKIN 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	NO MINER N, RITA e address or indication of "Fedence address (or Change of 022) attached. tion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO Blue an assignee is identified be 137 CFR 3.11. Completion of	\$1400 ART UNIT 2837 Dee Address" (37 Correspondence tion form of a Customer E PRINTED ON THE	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorne; 2 registered patent listed, no name with the PATENT (print of the part of the par	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater matively, single firm (having as a y or agent) and the name t attorneys or agents. If sill be printed.	\$1700 st nt attorneys 1 Osha L n member a les of up to no name is 3	07/21/2006 iang LLP
nonprovisional EXAM LEYKIN 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	NO MINER N, RITA e address or indication of "Fedence address (or Change of 022) attached. tion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO Blue an assignee is identified be 137 CFR 3.11. Completion of	\$1400 ART UNIT 2837 The Address" (37 Correspondence tion form of a Customer E PRINTED ON THe low, no assignee doff this form is NOT	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of ata will appear on the a substitute for filing	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater matively, single firm (having as a y or agent) and the name t attorneys or agents. If sill be printed.	\$1700 st nt attorneys Osha L a member a 2 nes of up to no name is 3 nee is identified below, the d	07/21/2006 iang LLP
nonprovisional EXAM LEYKIN 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	NO MINER N, RITA e address or indication of "Fedence address (or Change of 022) attached. tion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 137 CFR 3.11. Completion of the completion o	\$1400 ART UNIT 2837 The Address" (37 Correspondence tion form to f a Customer E PRINTED ON The low, no assignee doff this form is NOT	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of at a will appear on the a substitute for filin (B) RESIDENCE: (C)	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater matively, single firm (having as a y or agent) and the name t attorneys or agents. If ill be printed. or type) the patent. If an assign g an assignment.	\$1700 st Int attorneys I Osha L In member a les of up to no name is 3 lee is identified below, the di COUNTRY)	07/21/2006 iang LLP
nonprovisional EXAM LEYKIN 1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	NO MINER N, RITA e address or indication of "Fedence address (or Change of 022) attached. tion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 137 CFR 3.11. Completion of the completion	\$1400 ART UNIT 2837 The Address" (37 Correspondence tion form of a Customer E PRINTED ON THE LOW, no assigned during this form is NOT (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the PATENT (print of a substitute for filing (B) RESIDENCE: (C)	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater frontively, single firm (having as a y or agent) and the name t attorneys or agents. If ill be printed. or type) the patent. If an assign g an assignment. CITY and STATE OR C	\$1700 st Int attorneys I_Osha_L I member a 2 les of up to no name is 3 lee is identified below, the decountry) L, France	iang LLP
I. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Valeo Equipem Please check the appropriate 4a. The following fee(s) are of Issue Fee	NO MINER N, RITA e address or indication of "Fedence address (or Change of 022) attached. tion (or "Fee Address" Indicator more recent) attached. Use O RESIDENCE DATA TO BI an assignee is identified be a 37 CFR 3.11. Completion of the complete of th	\$1400 ART UNIT 2837 The Address" (37 Correspondence tion form of a Customer E PRINTED ON The low, no assignee don't this form is NOT (ues Moteuries (will not be print) 4b. 1	2. For printing on (1) the names of or agents OR, alte (2) the name of a registered attorney 2 registered patent listed, no name with the patent of a substitute for filin (B) RESIDENCE: (C) r The payment of Fee(s): A check in the and Payment by credit	\$300 LASS-SUBCLASS 318-108000 the patent front page, li up to 3 registered pater matively, single firm (having as a y or agent) and the name t attorneys or agents. If ill be printed. or type) the patent. If an assign g an assignment. CITY and STATE OR C Cretei Individual Community of the fee(s) is entit card. Form PTO-2038	st nt attorneys I_Osha_L nemember a les of up to no name is GOUNTRY) L, France orporation or other private gro	iang LLP

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

7/21/06

Registration No. <u>48</u>, 885

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

Typed or printed name



Docket No.: 17170/007001

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Dominique Sebille et al.

Application No.: 10/526,005

Filed: February 25, 2005

For: CONTROL DEVICE FOR A REVERSIBLE

ROTATING ELECTRICAL MACHINE

Confirmation No.: 2827

Art Unit: 2837

Examiner: Leykin, Rita

TRANSMITTAL LETTER

Ms Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced

Patent Application:

- 1. Fee Transmittal (1 page);
- 2. Part B Fee Transmittal (1 page)
- 3. Certificate of Express Mailing (1 page).

Application No.: 10/526,005 Docket No.: 17170/007001

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 17170/007001.

Dated: July 21, 2006

Respectfully submitted,

Per Jonathan P. Osha T. Chyau Liang Registration No.: 33,986 #48,885

OSHA · LIANG LLP

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600

163533

2



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known					
FEE TRANSMITTAL				Application Number 10/5		10/526,005-Conf. #2827		
			Filing Date	Filing Date February 25		2005		
For FY 2006			First Named In	First Named Inventor Dominique So		bille		
			Examiner Name	Examiner Name Leykii		eykin, Rita		
Applicant claims sma	all entity status.	See 37 CFR 1.27	Art Unit	Art Unit 2837			_	
TOTAL AMOUNT OF PAYMENT (\$) 1,712.00			Attorney Docke	Attorney Docket No. 171				
METHOD OF PAYME	NT (check all t	hat apply)						
Check X Credit Card Money Order No.			None Other	ne Other (please identify):				
x Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP								
For the above-ide	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated be	low	Char	ge fee(s) ind	icated below, ex	cept for th	ne filing fee	
	additional fee(s	s) or underpayment and 1.17	of x Credi	t any overpa	ayments			
FEE CALCULATION	All the fees	below are due u	on filing or may	y be subje	ct to a surcha	rge.)		
1. BASIC FILING, SEARC	CH, AND EXAM	MINATION FEES						
	FILIN		EARCH FEES		IATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	300	150 50	0 250	200	100			
Design	200	100 10	0 50	130	65			
Plant	200	100 30	0 150	160	80			
Reissue	300	150 50	0 250	600	300			
Provisional	200	100	0 0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (inclu						50	25	
<u>-</u>	Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claim		_				360	180	
	otal Claims		e Paid (\$)			nt Claims		
- 20 = HP = highest number of total of	laims paid for if o	reater than 20		<u>Fe</u>	<u>e (\$) </u>	ee Paid (\$	9)	
			e Paid (\$)				_	
-3 =	A CIAIIIIS X	= 10	e raid (\$)					
HP = highest number of indep	endent claims paid	for, if greater than 3.						
3. APPLICATION SIZE FI	EE						 -	
If the specification and o	Irawings excee	d 100 sheets of pap	er (excluding elect	ronically fil	ed sequence or	computer		
listings under 37 CFF					itity) for each ac	ditional 50)	
sheets or fraction the	Extra Sheets		hu 37 CFR 1.10(8) h additional 50 or fra		f <u>Fee (\$)</u>	Feel	Paid (\$)	
	EXUA SILEGIS		(round up to a wh			<u> </u>	<u> </u>	
4. OTHER FEE(S)			_ ` .	,		Fees	Paid (\$)	
Non-English Specifica								
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00								
1504 Publication fee i			e ior earry, voium	for early, voluntary, or normal patent w/o color			300.00 12.00	
SUBMITTED BY	10		Registration No.		_			
Signature	, Chyai		(Attorney/Agent)	33,986	Telephone	(713) 22		
Name (Print/Type) Jonatha	an P. Osha 7	. Chyau Lia	ng #48,8	185	Date	July 21,	2006	

pplication No. (if known): 10/526,005

Attorney Docket No.: 17170/007001

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV804213665US in an envelope addressed to:

MS Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

July 21, 2006

Date
She Bell
Signature*
 Sophie M. Bolt
 Typed or printed name of person signing Certificate

Registration Number, if applicable Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
Part B – Fee(s) Transmittal (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)
Transmittal Letter (2 pages)
Charge \$1,712.00 to credit card